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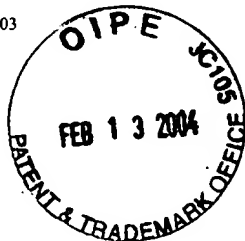
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31949 7590 12/19/2003

LICATA & TYRRELL P.C.
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Jane Massey Licata 32,257 (Depositor's name)
January 11, 2004 (Signature)
February 11, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/584,586	05/31/2000	Brian Sorrentino	1340-1-021CIP	4632

TITLE OF INVENTION: RELATIONSHIP OF ABC TRANSPORT PROTEINS WITH HEMATOPOIETIC STEM CELLS AND METHODS OF USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	03/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FALK, ANNE MARIE	1632	435-455000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Licata & Tyrrell P.C.
2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Jude Children's Research Hospital Memphis, Tennessee

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
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- ☐ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature) Jane Massey Licata (Date) 2-11-2004

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